# Framework for Action

## Early Childhood Development

Northwest Territories Health and Social Services

Northwest Territories Education, Culture and Employment

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## Early Childhood Development

GNWT Departments of Education, Culture and Employment,
and Health and Social Services

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## A Message from the Ministers

The Framework for Early Childhood Development Action represents an investment in our most important resource – the children of the Northwest Territories.

The early childhood years are the foundation for healthy development. Children who are provided with quality experiences develop positive self-awareness, healthy relationships with others and the ability to interact socially with others. All children need support and nurturing. For some families and young children who are at risk, early intervention is critical in order to provide additional support and to prevent serious problems later in life.

The Framework is a joint project of the Departments of Health and Social Services and Education, Culture and Employment. It promotes an integrated service delivery model for early childhood development programs and services blending the resources of both organizations. As well, it encourages communities, community leaders and early childhood program and service providers to work together to identify and meet unique local needs.

Northerners have long recognized the need for quality early childhood programs and services. Many communities have developed excellent programs and services that support families and young children. However, we need to broaden these supports and make them available to all northern children. This will help to ensure that all NWT children reach their full potential.

Hon. Jane Groenewegen
Minister, Health and Social Services

Hon. Jake Ootes
Minister, Education, Culture and Employment

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## Introduction

Early Childhood Development refers to the early years of a child's development from conception to age six. The scope of this Framework therefore includes programs, services and initiatives covering the prenatal period, birth, infancy and early childhood. The short-term goal is to take action to optimize the development of all young children and to support their parents and families through the early years. Planned actions will build on successful programs and services in place. Some programs and services will be enhanced and others developed to address gaps in the overall system. The desired long-term impact is that children's healthy and positive childhood experiences will establish a solid foundation for their continued development into healthy, well-adjusted, educated and contributing adults.

Children's development and learning are directly linked to the health and wellness of their parents, families and communities. Ensuring that expectant mothers are healthy and supported during their pregnancy helps lead to healthy babies. Educating parents about parenting and child development and providing supportive programs to strengthen parents' skills helps to build strong families. Providing quality early childhood care and learning experiences optimizes development. Encouraging community responsibility for the healthy development of children and building community capacity to support an integrated community-based delivery model for programs and services facilitates development of healthy and caring communities.

This plan documents the Government of the Northwest Territories' (GNWT) commitment to addressing early childhood development in a well-defined and coordinated way. It will guide planning, implementation and maintenance of existing or new policies, programs and services designed to contribute to the optimal development of children in the NWT. The plan supports a community-based, collaborative, integrated program and service delivery model involving partnerships among different levels of government, aboriginal and other non-governmental organizations and private sector businesses.

Early childhood development policies, programs and services will facilitate the following outcomes:

- healthy mothers delivering healthy babies, including maintaining the low rate of low birth weight,
- parents well prepared for parenting and child development and supported in their parenting through activities such as parenting workshops,
- child and parent/caregiver participation in quality early childhood development programs,
- early identification of a child's and/or family's need for services and assured access to the appropriate service(s),
- increased community capacity to support the healthy development of its children, and
- increase the number of early childhood programs and the number of licensed spaces.

## Rationale for Investing in Early Childhood Development

The rationale for investing in early childhood development programs and services in the NWT, as shown in Appendix 1, is based on the following factors:

- mounting evidence from research on the critical nature of the period from conception to age six in ensuring healthy optimal development of children,
- knowledge that investments in prevention and early support and intervention can help to reduce the incidence of conditions which hinder optimal child development and the need for high-cost intervention and rehabilitative programs and services later in a child's or adult's life, and
- knowledge about best practices for programs and services which result in desired outcomes of healthy children who grow into healthy, educated, competent adults.

### Research Findings

It has become increasingly clear from recent research on brain development coupled with past knowledge from such fields as sociology, psychology and pediatrics that the years from conception to age six, but particularly those up to age three, have the most important influence of any time in the life cycle on brain development and subsequent learning, behaviour and health. The evidence is clear that good early childhood development programs that involve parents or other primary caregivers of young children can influence how they relate to, and care for, children in the home and can improve outcomes for children's behaviour, learning and health in later life (McCain and Mustard, 1999).

Steinhauer, 1996, has reported several indicators of an infant's subsequent well-being. Three of these are avoidance of low birthweight, the infant's condition at birth and the achievement of successful attachment to an adult parent/caregiver. For optimal development during infancy parents/caregivers need to ensure:

- the infant's basic physical needs are met,
- the child receives consistent nurturing within a secure and safe environment,
- bonding and secure attachment occurs to the parent and/or caregiver,
- a parent/child relationship is sustained that will support healthy development and socialization of the child within the family,
- they have support for themselves, and
- the child receives the stimulation essential for cognitive and language development.

As children progress to the toddler and preschool age, they need to be assisted in accomplishing successfully the following universal development tasks to:

- become secure and develop adequate self-esteem,
- extend their sense of trust,
- learn to relate to children and adults in addition to their parent(s) and caregivers and to develop social skills,

- learn to cope successfully with anxiety and aggression,
- extend their physical and intellectual development and develop their imagination and a variety of skills and interests,
- play independently with others, and
- learn to focus their attention.

The quality of parenting in the first few years of life is crucial to the optimal development of the child. There need to be strategies in place to assist and support parents and families who need and want help to provide these ideal developmental conditions.

Research on risk and resiliency factors related to children's development is also instructive for investing in early childhood development programs. There are certain characteristics that are associated with the number of children who are at high risk for maltreatment and poor outcomes throughout life. Similarly, there are protective factors that make children more resilient even if they have some of the characteristics associated with high risk. In combination, these factors act as determinants or predictors for wellness throughout the life cycle. Most recently, the research from the 1996 cycle of the National Longitudinal Study on Children and Youth supports these conclusions. A summary of characteristics associated with high risk and protective factors that can mitigate against poor outcomes even when some high risk factors are present is provided in Appendix 2. Ideally, prevention and early intervention initiatives expose children who are "at risk" for poor outcomes to protective factors which will increase their resiliency.

Investing in early child development pays off in lasting improved outcomes. For example, research shows that secure attachment to a significant adult, particularly from 0 to 6, is the best predictor for a child to become a healthy productive adult (Manitoba Children and Youth Secretariat, 1998). Children who begin school ready to learn are most likely to complete high school (Manitoba Children and Youth Secretariat, 1998). Research on indigenous language revitalization confirms that intergenerational transmission of language either at home from parents to young children or in early childhood language immersion programs from grandparents or elders to children is the key to strengthening language (Reyhner, 1999). Such programs transmit to the child not only language but values, beliefs and traditions which help to form a strong identity and self-esteem.

Encouraging healthy choices on the part of expectant mothers and parents with young children can reduce costly intervention services. Research suggests that every dollar spent on prenatal nutrition saves $8 in future health care costs (Montreal Diet Dispensary, 1993). Preventing even one child from being born with Fetal Alcohol Syndrome (FAS) can save up to $1 million over the individual's lifespan (Manitoba Children and Youth Secretariat, 1997). Conversely, there is disturbing evidence that children who do not receive the nutrition and

stimulation necessary for good development in the earliest months and years may have great difficulty overcoming deficits later in life. Children who receive inadequate or disruptive stimulation will be more likely to develop learning, behavioural or emotional problems in later years (McCain and Mustard, 1999). Children who experience hostility or deprivation are more likely to suffer emotional and cognitive problems throughout life (Manitoba Children and Youth Secretariat, 1997; National Children's Agenda Working Group, 2000). Students who do not have their language and culture passed down to them are often not successful in either their indigenous or mainstream culture. Caught between two cultures, they often do not learn either language well and are prone to seek out identity and a sense of belonging through unhealthy lifestyles and risky behaviours (Reyhner, 1999).

In summary, research tells us that addressing children's needs early in life will improve their development, strengthen health and better prepare them for learning throughout life. Positive early childhood development experiences can prevent problems, help improve outcomes throughout the life cycle and reduce long-term costs of expensive services in the health care, education, child welfare, mental health, social assistance and justice systems. There will always be a number of children and families who will need more intensive treatment and expensive rehabilitative programs and services. A shift in focus from reactive and intervention strategies to proactive, prevention and early intervention strategies should not be accomplished by reducing the quality of these essential intervention programs and services. It is necessary to achieve a balance between prevention and treatment services.

A caution was issued recently in a survey of public policies for school-aged children (Mahon, 2001). The important initiatives and investments related to early childhood development may be undermined if they are not matched by measures which support the subsequent stages of children's development. Jurisdictions need to develop broad children's strategies and comprehensive policies that blend general support for all children throughout their development with additional measures for those in special need.

Decisions to shift the focus of resources to prevention and earlier intervention often bring very high expectations for immediate results. Prevention and early intervention outcomes will only be achieved in the long-term.

## Successful Program/Service Models

Research reveals that programs are more effective when they are community-based (Steinhauer, 1996; Peters, 1995; National Children's Agenda Working Group, 2000). Although all services may not be provided in all communities, an effective system is one in which services are seamless and readily accessible when needed. Programs/services must support equal opportunity for optimal development for all children in the early years.

The most effective programs to foster early childhood development are multi-faceted and focus on nutrition, health care, increasing social stimulation, supporting positive parenting, the interaction between the child and the caregiver and early literacy/school readiness.

Preliminary research shows that programs based upon population health approaches have the best chance of improving outcomes throughout the life cycle. Population health is a broad approach that considers all the determinants of health and the health of the population as a whole. The most successful programs focus on the root causes of problems to change outcomes over time. Determinants of health include income and social status, social support networks, housing, employment and working conditions, personal health practices and effective child development. For example, study of why many women choose to drink during pregnancy may assist in developing more successful strategies to support those women to make healthier choices.

Targeting measures to support children and families who are at risk or who are having difficulties are necessary, but works best within a system available to everyone (McCain and Mustard, 1999). Children with developmental disabilities and their families require early intervention programs and services as soon as possible. These services must be integrated and consistent. Such programs must be intensive and comprehensive to achieve positive outcomes (Ramey and Ramey, 1998).

It is recognized that early childhood development and parenting centres have to be sensitive to cultural, ethnic, linguistic and other characteristics of communities and families, to all children's needs and abilities, and should be located in diverse sites ranging from homes to schools or business properties. The development of a range of centres to provide diverse choices cannot be done on a centralized, bureaucratic model (McCain and Mustard, 1999). Cultural differences in beliefs and practices related to the physical, social, and intellectual development of children need to be respected and integrated in any program development.

In situations where language revitalization and cultural preservation are high priorities, the Maori and Hawaiian models have been found to be successful. Older adults such as grandmothers, elders, or older parents fluent in the language provide preschool child care programs where children are immersed in their indigenous language. All activities, such as storytelling, games, and songs are in the indigenous language. These programs are often referred to as "language nests". Use

of the language in pre-and postnatal programs is also encouraged in order to strengthen the parent's language. The learning of one's language and culture is foundational to development and related to self-esteem, pride, and a sense of belonging (Reyhner, 1999).

Home visitation programs aimed at enhancing early child development have been shown to improve parenting skills and to reduce the incidence of child abuse and neglect. This is achieved by providing positive early stimulation, enhancing parenting skills, strengthening attachment between child and caregivers, and linking families with community supports. Often such programs rely upon paraprofessionals and volunteers to deliver services, making them adaptable to small community settings.

Programs geared toward improving community well-being by providing recreational supports and other community facilities have a beneficial effect upon outcomes for children (Offord, Lipman and Duku, 1998). In addition, multi-component family resource centre-based programs that include components aimed at mobilizing disadvantaged communities toward change have shown success (Steinhauer, 1996).

Organizations that have developed social policies that support families through the provision of quality child care and family-friendly workplaces also improve children's well-being (Steinhauer, 1999).

## Integrated Service Delivery Model

An integrated service delivery model involves true collaboration among the organizations involved. All partners spend time and energy, with expertise and action being contributed from all sides. A shared product or service emerges, one not possible if the partners had acted alone. In true children's services collaboration, participating organizations in projects share completely in delivering services, agree fully on goals and outcomes, contribute resources equally, share control and leadership, communicate and interact smoothly and operate as "we" not "us/them" (Crowson and Boyd, 1996).

An integrated service delivery model supports the integration of a variety of programs/services which are both parent-oriented and child-oriented. These might include home visitation, health promotion, public education, volunteer training, family literacy, prenatal nutrition, breast-feeding supports, parenting education and supports, community kitchen, developmental screening and early intervention, participation in family activities and special events such as feasts, carnivals and other community celebrations. It encourages partnerships between organizations, communities, private sector businesses and different levels of government. It builds community capacity, which in turn supports community members to meet the needs of young children. Integrated service delivery models make use of both professionals and layperson community members.

Multi-component Child and Family Resource Centres that offer a "one-stop-shop" menu of services to families have been shown to be very effective in a variety of settings including northern and remote communities. This model of integrated service delivery is most effective when it is well-funded/staffed with a well-trained multidisciplinary team, child-focused, built on existing community resources, and offers both in-house and outreach components such as home visitation. (Manitoba Children and Youth Secretariat, 1999; Sparrow Lake Alliance, 1999; Saskatchewan Action Plan for Children, Progress Report, 2000).

A few communities are taking small steps toward an integrated services model for early childhood programs and services. For example:

**Paulatuk** – Aboriginal Head Start program includes a home visitation component, a language/literacy component supported by the Inuvialuktun Cultural Resource Centre, inclusion and support for children with challenges, nutrition education, parent sewing group, parent drop-in program.

**Fort Smith** – There is an early childhood coordinator who supports programs funded by Brighter Futures, the Healthy Children Initiative and Aboriginal Head Start. The Salt River First Nation partners with the Health Centre to run a nutrition-focused Our Babies, Our Future program and an Our Kids/Our Future program which included a parent support component and sponsors the Aboriginal Head Start program.

**Inuvik** – Two First Nations (Invuvialuit and Gwich'in) co-sponsor a Healthy Babies program under CPNP. Program components include nutrition, budgeting, breast-feeding support and infant care. A preschool, toy-lending library and early intervention program are funded through the Healthy Children Initiative.

**Tulita** – Wellness Centre cited in the Child Welfare Review as a model for integrated services.

## Action at Federal and Provincial Levels

Support for the link between early childhood development programs and services and improved outcomes has been reflected by the creation of a National Children's Agenda and Strategic Action Plans for Children in many provinces including Saskatchewan, Manitoba, New Brunswick and Prince Edward Island. In September 2000, the Early Child Development Accord was signed by the federal government and the provinces and territories indicating their commitment to provide some investment towards Early Childhood Development initiatives over five years in four key areas. Under this accord, provincial and territorial governments committed to work in the four priority areas. They agreed to:

- promote healthy pregnancy, birth and infancy,
- improve parenting and family supports,
- strengthen early childhood development, learning and care, and
- strengthen community supports.

## Current Status of Early Childhood Development in the NWT

### Strategic Direction

In the past few years, many Territorial documents have been produced, following consultation with communities and service providers, which have identified early childhood development as a priority and which have suggested strategic direction and action.

Education, Culture and Employment (ECE) and Health and Social Services (HSS) are the primary GNWT departments responsible for Early Childhood Development. Key documents from these departments have been reviewed to ensure that this Action Plan is congruent with strategic directions or recommendations with respect to early childhood development. A summary of these appears in Appendix 3.

Common strategic direction themes are:

- cultural and linguistic relevance of all programs/services,
- integration of programs and services,
- strengthening and supporting parents and families,
- providing a continuum of programs and services,
- facilitating community partnerships and improving community capacity,
- providing early intervention for children with identified needs,
- funding arrangements that support and sustain programs/services, and
- community identification of priorities.

### Status Reports on Children and Youth

The Department of Health and Social Services has prepared a profile of children and youth in the NWT. Within the profile, indicators have been grouped into three broad categories:

- the child,
- parental and family influences, and
- community and societal influences.

Each section profiles northern children by using indicators of well-being and development. The report provides a baseline of information about how northern children are progressing over time.

Encouraging results are seen in two indicators of population health status. The NWT's low birth weight rate in the past few years has been similar to or lower than that for the rest of Canada. Infant mortality rates in the NWT in 1996 were similar to the Canadian rate.

Of particular concern for early childhood development are the following:

- The high proportion of pregnancies at risk for an FAS/FAE outcome due to alcohol consumption by pregnant women.
- A predicted increase in the number of teen births with the possible related consequences of more children being raised by immature, undereducated, and stressed parents.
- High rates of tobacco use in pregnancy and the infant years increasing the risk for low birth weight, premature birth, childhood behaviour and learning disorders.

Exposure to second-hand smoke has been linked to sudden infant death syndrome, ear infections and lung problems.

- The increasing numbers of children coming into care. Many of these children have behaviour problems which may be related to developmental delays, FAS/FAE, poor parenting skills or general neglect. Other children are being abused. Others are in care because their parents are being treated for addictions.
- High rates of admissions of women and children to women's shelters indicating many children placed at risk due to family violence.
- Reduced levels of physical activity by children which can lead to obesity and heighten risk of later development of diseases such as diabetes.

Two other areas of concern that are not documented in the profile, are the nutrition of pregnant women and young children and the dental health of young children.

The Student Support Needs Assessment, conducted by Education, Culture and Employment in the 1999-2000 school year, documented the support needs of students in the school system. It also provided information on the support services available to students both within and outside of the school system.

Data were presented which indicated that kindergarten children who had participated in a preschool program were rated by their teachers as performing/ achieving better in kindergarten than their counterparts who did not participate in such a program. Recently, the Dogrib Community Services Board conducted an early intervention assessment. Data gathered in the study show positive indications of the benefit of preschool programs in the Dogrib region (More, 2000). Follow-up studies are needed to determine if this effect is sustained.

Over eighty per cent of parents of children in kindergarten were considered to be "somewhat" or "very" appropriately involved with their children's schooling.

Areas of concern with implications for early childhood development are:

- the high number of school-aged children requiring assessment and extra support to progress in their learning,
- poor access to assessment and rehabilitation services in communities outside of Yellowknife, and
- the need to improve preschool screening and links between early childhood experiences and the school system.

## Funding Relationship

Current funds for programs and services in early childhood development come from parent fees and both the territorial and federal governments. Access, administration and accountability relationships for government funding are complex.

Federal government funding programs pertinent to community wellness initiatives in early childhood are from Health Canada but may be administered under the First Nations and Inuit Branch or the Population

and Public Health Branch. Communities are required to submit proposals in order to receive funds. Administration of these programs varies depending on the program. The Brighter Futures/Healthy Communities program and the Canada Prenatal Nutrition Program (First Nations and Inuit) are administered by the GNWT Health and Social Services department on behalf of First Nations and Inuit Branch, Health Canada. A Joint Management Committee of Health Canada's Population and Public Health Branch, GNWT Health and Social Services and Education Culture and Employment manages other Canada Prenatal Nutrition Programs and the Community Action Plan for Children (CAPC). Aboriginal Head Start (AHS) is managed by Health Canada's Population and Public Health Branch and the Western Aboriginal Head Start Advisory Committee.

Territorial programs and services are managed by Health and Social Services or Education Culture and Employment for core programs and services or jointly by the two departments for the Healthy Children Initiative (HCI).

In 1999-2000, thirty communities ran programs/services under Brighter Futures, 27 under Canada Prenatal Nutrition Program, seven under Aboriginal Head Start, four under Community Action Program for Children and 31 under Healthy Children Initiative. Most communities accessed funds from more than one source. Yellowknife and the regional centres of Inuvik, Hay River and Fort Smith as well as Rae-Edzo have programs operating with funds from four or more sources. Sponsoring bodies vary widely within and among communities; First Nations, District Education Councils or Authorities, a Healing Society, Women's shelters, Town or Hamlet corporation, Community Living Society, Council for Disabled, and Community Services Board are some examples.

For some programs, communities communicate directly with federal officials, for others with territorial staff and/or with regional administrators or support staff. Some programs may be involved with all levels.

The delivery of programs and services is often limited by the capacity of communities to access funding because separate proposals must be submitted for each funding source. Sometimes, community members lack knowledge about the positive impact of early childhood development experiences on children. Due to an underfunded system, communities have had to make difficult choices when considering the many needs to be met versus the programs and services that can be afforded.

In light of the many challenges faced by communities in accessing health promotion and wellness funding programs, Health Canada and the three territories, Yukon, Northwest Territories and Nunavut are in the process of developing a Territorial Wellness Framework. The desired outcomes of this process will be a simpler administrative process for communities to access and report on funding.

This effort to streamline and integrate the various funding programs is of particular significance to any initiatives in early childhood development as many of the Health Canada funding programs are targeted to young children.

## Legislation, Policies and Guidelines

Current legislation, policies or directives and guidelines which guide, govern and/or influence the area of early childhood development are as follows:

- *Child Day Care Act*
- Child Day Care Standards Regulations
- Early Childhood Program Start-up Contribution Operational Guidelines
- Early Childhood Program Ongoing Contribution Operational Guidelines
- Healthy Children Initiative Operational Guidelines
- *Education Act*
- Directive on Inclusive Schooling
- *Child and Family Services Act*
- *Children's Law Act*
- *Family Law Act*
- NWT Food Guide
- Feeding Children in Day Cares Guidelines
- *Access to Information and Privacy Act*
- Non-government Organizations Grants and Contributions Policies (HSS)
- Core Services of the Department of Health and Social Services

## Programs and Services

Both the Territorial and Federal governments currently invest in children's early years in the NWT through a variety of programs and services including prenatal care and public health, health promotion, early literacy programs, child care, preschool education, recreation and supports for families at high risk or who are already experiencing difficulties. There are many strengths upon which to build a better system. Valuable services are provided by workers, volunteers and organizations. The following will illustrate the patchwork of programs and services available to young children, parents and families in the NWT in the four key areas. (See Appendix 4 for licensed early childhood program statistics.) Information was taken from reports of federal and territorial funding programs. There may be other programs and services operating in communities which are not included. Several programs/services could be discussed under more than one of these areas.

### Pregnancy, Birth and Infancy

- Awareness campaigns and materials related to maternal health, nutrition FAS/FAE, breast-feeding promotion, tobacco reduction and cessation – posters, binders, public service announcements for radio, TV and newspapers (development and distribution by HSS and non-governmental partners).

- Awareness campaigns through local radio on parenting, nutrition and FAS funded through Brighter Futures in some communities.
- Locally-produced kits on child development for distribution to parents available in a few communities funded by Healthy Children Initiative (HCI). Appendix 4 shows sources of funding communities have accessed.
- Prenatal nutrition programs are running or being developed in 88 % of communities funded through the federal Canada Prenatal Nutrition Program. The goal is to provide pregnant women with nutrition counselling, support and education, food supplements referral to appropriate services and breast-feeding support. Counselling on issues of addictions, stress or family violence may be available.
- Postnatal home visit(s) by public health nurses occur in some communities.
- Early screening – prenatal and postnatal (neonatal and at 18 months) is undertaken in the majority of communities by the community health nurse. However, in the context of staff shortages, this service may only be provided in situations where a problem is apparent. The piloted tool is more culturally appropriate. A developmental screening tool is being piloted in eight communities. In addition, a pilot project to diagnose FAS has taken place with the Lutsel K'e Health and Social Services Board.
- Immunization of infants occurs in all communities but levels of participation in the program vary.
- Prenatal visits and well baby clinics are available in most communities.

### Parenting and Family Supports

- Regular parent education programs are available in fewer than 1% of communities.
- Training in delivery of the Nobody's Perfect parenting program has taken place in a few communities but program delivery is inconsistent.
- Young mothers' groups are running in a few communities supported by funds from Brighter Futures.
- Parenting workshops were held in four or five communities supported by CAPC or Brighter Future funds.
- Early Intervention programs are in place in four communities through funding from CAPC and HCI. Some of these have a home visitation component.
- A family resource centre and toy-lending library serves children from Yellowknife and two smaller communities through CAPC and HCI funds.
- Parent and family support components of other early childhood programs are supported in three communities by HCI.
- Women's shelters operate in five communities. Two or three have a child advocate.

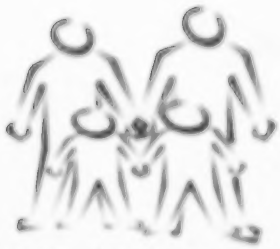
- Accessibility of specialized support services for children with identified needs varies considerably from community to community with more services available in Yellowknife and the larger regional centres. Assessment services and rehabilitation services such as OT, PT and Speech and Language for young children are far from universally available. One community uses HCI funds to enhance speech/language services to young children.
- Audiology testing by community health nurses is available in most communities but due to staff shortages may only be provided when a problem is recognized. Equipment is often old and staff may not know how to use it effectively. More sophisticated, secondary screening services are available in the larger centres (Hay River, Yellowknife, Inuvik) and are accessed by smaller communities on a referral basis when a problem is recognized.
- Child welfare services are available in all communities through resident or itinerant social workers. High caseloads for workers and for supervisors results in a low percentage of cases handled in homes through early intervention and home support.
- A child care user subsidy is available to qualifying parents from all communities.

## Early Childhood Care and Learning

- There are 70 licensed early childhood programs in 26 of the 33 NWT communities. These licensed programs are supported by parent fees, GNWT contribution funds, HCI and CAPC funds. The programs include child care programs in 14 communities, preschool/nursery programs in 16 communities, and after-school programs and family day homes in two communities each. Among these licensed programs are Aboriginal Head Start programs in seven communities. The larger communities have several programs in each category.
- Enhancement of early childhood programs in terms of elder involvement, locally-made relevant materials, or support assistants to facilitate inclusion of specific children is supported in nine communities through HCI.
- English early literacy programs operate in two communities funded through HCI.
- There are Parents and Tots groups in a few communities. These are usually run by volunteers and often involve a small fee for participants.
- Beaufort-Delta communities support a television program, "Nanuk Says", designed to introduce preschool children to the Inuvialuktun language.
- ECE funds Aurora College for the delivery of training for Early Childhood Educators.

### Community Supports

- There are many successful programs being supported by community organizations and agencies.
- At least eight communities have part-time or full-time coordinators for their Brighter Futures programs.
- Training for early childhood program staff was funded in two communities through HCI.
- Distance delivery of training for early childhood program staff in several communities is supported by HCI and ECE's Early Childhood Program.
- Workshops to train child care workers in specialized areas are held in a few communities.
- Breakfast/Lunch/Snack programs are offered in several communities.



## Future Direction – An Early Childhood Development Action Plan

The imperative for action is clear. Research on the critical nature of the early childhood period for optimal development is compelling (Steinhauer, 1996, McCain and Mustard, 1999). Community consultation and strategic plans have recommended a focus on prevention and early intervention and a community-based integrated service delivery model for many years. Communities already provide many programs and services to young children and families but there are significant gaps in both the types of programs and services provided and their availability in all communities. It is important to ensure that any new actions enhance, support and/or build on existing programs and services to avoid duplication and add new services. Best practice research is available on program and service models which have been implemented and evaluated in communities in other jurisdictions.

Many infants, toddlers, and preschoolers will have their developmental needs met within their own families, supplemented informally by the support of extended families, close friends, and the availability of quality health, child care and education programs and services. There are others, however, whose families will need more intensive intervention and support in order to meet their needs.

### Context and Challenges

The government has made a commitment to invest in early childhood development over the next three years through the funds under the Early Childhood Development Accord and through additional contributions of GNWT funds. Any new action plans to enhance or develop programs and services in early childhood development must begin within the current environmental, social and political context.

Many contextual factors present challenges to developing and delivering early childhood development programs and services whose goal is optimal development for NWT children. Some of these are presented on the next pages.

**Table 1.** Context and Challenges for the Early Childhood Development Action Plan

| Context | Challenges |
|---|---|
| **Population Growth**<br>The child population will continue to increase over the next 20 years. The birth rate in the NWT is twice the national average. | To meet an increasing demand for the entire range of programs and services for young children and families. |
| **Population Distribution**<br>The geographic distribution with over 40% of the population in Yellowknife, 25% in three regional centres and the remaining 35% in 29 small communities with populations less than 2,500 results in economic and social inequities. | To provide more equitable availability of, and access to, programs and services. In small communities the range of programs and services is limited by sustainability even though the needs may be great. Access to specialized assessment and rehabilitative services early in children's lives is of prime importance. |
| **Language and Culture**<br>There are eight official languages and many cultural identities in the NWT population. Several of the aboriginal languages are in danger of disappearing. | To ensure that all programs and services are developed and delivered within the culture, lifestyle, worldview and teachings of the population served.<br>To initiate and support programs designed to teach and revitalize aboriginal languages and cultures. |
| **Effects of Historical Experiences**<br>Many families and communities are experiencing the intergenerational effect of residential schools, family violence, abuse and addictions on parenting as well as rapid modernization and cultural change. | To support the access of families to healing, addiction and mental health services so that the communities in which children are raised are moving toward wellness. |
| **Prevalence of Health Risk Behaviour**<br>High rates of health risk behaviour of youth and adults of childbearing age have been documented in various studies. Rates of alcohol consumption, tobacco use, sexually transmitted diseases, teen pregnancies are higher than in other jurisdictions. | To reduce these behaviours through prevention strategies that stress the effects of such behaviours on child development and parenting. Prevention of FAS/FAE needs to be a priority. |

| | |
|---|---|
| **Staff Shortages and Turnover**<br>Service delivery is often hampered by staff shortages and turnover, particularly at the community level. Primary care and crisis intervention are the imperative in short-staffed situations and therefore prevention may not receive the attention needed. Consistency of programs and services suffers with staff turnover. New staff require training. | To recruit and retain qualified staff in health, social services and education.<br>To build community capacity through training and support to deliver programs and services. |
| **Focus on Intervention**<br>Many community-based programs focus on intervention and prevention of secondary disabilities. School-aged children and youth are often the focus rather than younger children. Program and service availability for young children is community-dependent. | To provide resources sufficient to implement key universal programs and services known to be best practice for optimal child development. These programs/services have a prevention and early intervention focus. Early intervention includes early identification, assessment, and services for children with developmental disabilities and for their families.<br>To encourage parents to take advantage of early intervention programs and services before the child enters school. |
| **Service Delivery Model**<br>A "Siloed" approach to service delivery, where service providers and program management operate in a linear, authoritative manner in parallel "silos". Barriers and resistance to sharing information and "turf" wars impede cooperative development, delivery and management. | To provide education about, and facilitate the development of, a collaborative, integrated service delivery model at the community, regional, territorial and national levels. |
| **Complexity of Funding Sources and Criteria**<br>The multiplicity of funding programs and the complexity of management relationships often acts as a disincentive to communities to implement early childhood programs and services. Some federal funding levels are based on a per capita approach which works against the small widely-dispersed NWT population. | To provide coordinated funding to early childhood programs in order to facilitate development of an integrated service delivery model for early childhood development programs and services at the community level.<br>To offer consultant assistance to communities in program planning and proposal development. |

## Future Direction

The overall direction proposed is to establish programs to address gaps in the existing continuum of services, increase support available to community-based initiatives and move to an integrated service delivery model. Program and service delivery will be community-based wherever possible. Government and non-governmental agencies, organizations and businesses at the regional and territorial levels will model a collaborative, integrated approach to program/service development and implementation.

Integrated service delivery models at the community level will include a variety of service components and make use of both professionals and trained laypersons in communities. Examples of programs and services that could be offered include:

- home visitation,
- parenting support programs,
- health promotion and public education,
- parenting resources and information,
- community kitchen,
- language nests,
- volunteer training,
- developmental screening,
- family literacy programs,
- prenatal nutrition,
- breast-feeding supports,
- respite care for parents,
- early intervention, and
- child care.

Successful examples of integrated service models operate from a central facility such as a Child and Family Resource Centre. Such a centre could build on already existing programs such as Prenatal Nutrition, Aboriginal Head Start, child care, nursery/preschool or toy library programs in a community. It will be crucial to validate the existing programs and services in communities and to use them as building blocks for collaborative, integrated models. An analysis of how successful programs and services now offered could be expanded or modified to incorporate or integrate new programs and proposed services should be undertaken.

At all levels, administrators, program staff and service providers involved with early childhood development programs and services will be mandated/directed to operate in consultation and collaboration with each other. Sharing information and an outreach team approach to supporting programs is advocated. Service delivery to identified individual families should move to a Family Plan basis with all health, social, or early childhood care or education services to the child and family coordinated as a part of this plan.

Resources, programs and services being enhanced or developed must either be co-developed or at least developed or enhanced in consultation with the various partners and departments involved. Program developers must seek successful program models in place in communities in the NWT and consult with the program staff and sponsors to learn about the factors contributing to their success. First Nations and Inuit partners will be key in both developing and managing programs and services in their communities. A Territorial Interdepartmental Committee is

needed to guide and monitor programs and services as well as deal with such challenges as confidentiality of information and management of integrated services.

Success will require cooperative action at all levels among government, service providers, non-government organizations, communities, leaders, aboriginal organizations and families and must be sustained by long-term and incremental investments. Building effective partnerships is a complex and time-consuming task. Some incentive and support must be given to communities to move in this direction. Collaboration and integration needs to be actively modelled at the regional and territorial levels.

Building community capacity is key to delivering programs and services at the community level. Training and capacity building for parents and families of young children to increase their parenting and caregiver skills will reduce their reliance on other services. Training community residents as paraprofessionals and professionals will facilitate community implementation of many recommended programs and services.

All children and families can benefit from access to early childhood programs and services. These programs and services should be available, accessible and affordable for all families. Availability refers to programs or services offered with enough trained program staff or service providers to serve a particular population. Accessibility refers to how a program or service is reached, for example, in the community or in a nearby community. Even within a community, a program or service may be more accessible for some families than others due to transportation, language or other issues. There is a need to develop or enhance a number of programs and services as essential/core services available to all families. Affordability refers to any cost involved for a program or service acting as a barrier for families unable to pay.

The implementation of universal, culturally-relevant developmental screening at critical periods in a child's development will be proposed. These screenings will identify children or families at risk who could then be directed to, and offered participation in, more targeted programs such as intensive home visitation, parenting and early childhood development programs or therapeutic services to address their specific needs.

## Articulation with Other Strategies/Initiatives

There are currently many initiatives within the two departments with primary responsibility for early childhood development, with which this proposed action plan must/should articulate. One of the keys to a successful integrated service delivery model at all levels is to develop common goals, coordinate and integrate efforts and avoid duplication. The following is a list of the current or drafted documents which have some implications for the area of early childhood development.

Health and Social Services
- Shaping our Future Strategic Plan
- Health Promotion Strategy
- Addictions and Mental Health Framework
- Review of Child Welfare Services in the Northwest Territories
- Recruitment/Retention Strategy

Interdepartmental
- Community Counselling

Education, Culture and Employment
- Staff Recruitment and Retention Strategy
- Student Support Needs Assessment
- Setting Direction: A Response to the Student Support Needs Assessment
- Culture-based Education Strategy
- Towards Literacy – A Strategy Framework
- A Strategy for Revitalizing, Enhancing and Promoting Aboriginal Languages

Suggested actions in the four key areas are linked to relevant strategies.

## Framework for Action

The following framework for action is designed to support a vision, promote an integrated service delivery model and suggest a range of programs, services, and initiatives which are developed and implemented according to a set of principles. These programs and services would be available to all children and families. In addition, as part of monitoring children's healthy development, appropriate screening tools will be implemented to identify children who may require additional programs or services. Access to these services will be improved.

### Vision

**The NWT will be a place where children are born healthy and raised in safe and respectful families and communities which support them in developing to their fullest potential.**

### Principles for Early Childhood Development

- Parents are the primary caregivers and teachers of their children.
- Programs and services will support children, parents, families, and communities.
- Programs and services must be relevant to the culture(s) of the community.
- Supports will focus on both prevention and intervention and be developmentally appropriate.
- Programs and services for children will begin as early in life as possible and continue for as long as they are necessary.
- Programs and services will be delivered at the community level or as close to home as possible and be based on the needs and priorities of the community's children and families.
- Programs and services will build on existing successful models in communities.
- Partnerships will be supported, inter-agency and interdepartmental cooperation encouraged and duplication avoided.
- Programs will be directly linked to best practices, research and evaluation.

### Roles and Responsibilities

Many individuals and groups contribute to healthy early childhood development. Although this framework focuses on programs and services to assist in the process, there are also certain basic roles and responsibilities of all those involved. The expression "it takes a whole community to raise a child" is apt.

The following broad responsibilities, if met, will ensure many more children get a good start in life and will assist communities toward wellness.

- Individual
  - become informed about health and development
  - make informed choices about healthy lifestyles
  - exercise self-care
  - exercise self-responsibility
  - learn home language and traditions
  - be an active participant in their community
- Family
  - make healthy lifestyle choices
  - provide a healthy and safe environment for the child
  - be actively involved in the child's activities
  - care for and nurture the child
  - teach children their language and culture
  - avail themselves of recommended or available services to enhance the child's development
  - be active participants in the community
- Community
  - provide programs/services which reflect language, culture and traditions and are developmentally appropriate
  - provide leadership and role models for healthy lifestyles
  - provide multiple recreation choices and cultural activities
  - value and celebrate children
  - make decisions appropriate to community needs
  - facilitate family-friendly workplaces
  - provide/maintain a "child safe" community
  - make a commitment to wellness as a priority
- Aboriginal Organizations
  - provide guidance for culturally relevant and appropriate programs, services and activities
  - provide knowledge and participate in problem solving relating to aboriginal issues
  - be a key participant in program development and implementation
- Regional
  - provide guidance for program development
  - provide information that allows community choices
  - provide coordination, support and expertise to programs and services
  - model an integrated approach to service delivery
- Territorial
  - provide leadership and a commitment to early childhood development
  - provide guidance for program development and evaluation
  - provide information that allows community choices
  - model an integrated approach to program and service development, implementation and management
  - support professional development on community-based integrated programs and services

- facilitate community-based integrated programs and services through a streamlined funding program
- work towards sustainable funding

- Federal
  - support collaboration among partners at the community level and among community, territorial and federal governments
  - model an integrated approach to program and service delivery

Parents and families have certain expectations of their government. They expect that information related to child and adult health and strategies to enhance their child's development will be available. They expect opportunities to be provided in their community to support them in their parenting. They expect public health services for their child and access to additional treatment services for a child who has been identified as having developmental difficulties.

## Elements of the Framework

There follows a graphic representation of the framework for action. The elements of the representation are described below.

### Child (The Centre Ring)

Each child born into a family is viewed as central and the focus of early childhood development.

### Family (The Second Ring)

Each child is surrounded by and grows up in a family. Families, whether they be a single parent, two parents or an extended multi-generation family are the primary providers of care, nurture and stimulation for development and learning.

### Early Childhood Development Programs and Services and Initiatives (The Third Ring)

Parents and families can be assisted in supporting healthy child development by a number of programs and services available to them. These are represented as surrounding the family circle.

These begin in the prenatal period and extend through the infant, toddler and preschooler ages to the entry to school along a developmental continuum.

The primary focus of these initiatives, programs and services may be:

- health and wellness awareness and risk prevention,
- parenting and family supports, and
- child development, care and learning.

### Community Supports, Capacity Building and Integrated Service Delivery (The Fourth Ring)

The community supports families in raising their children. The community provides a safe and healthy environment in which children grow. The programs and services and initiatives, represented in the third circle, are supported and delivered through an integrated service delivery

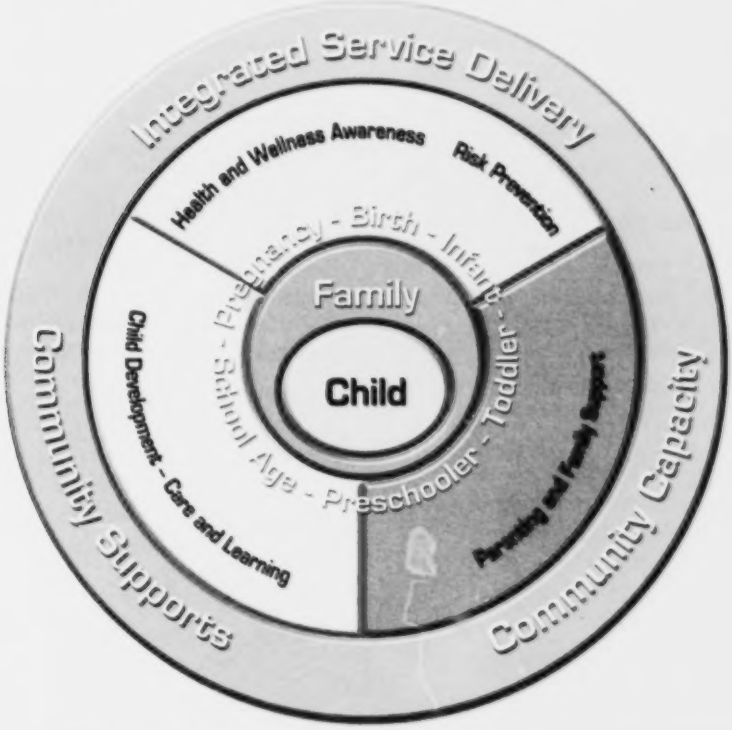
model, based on community needs and desires and community capacity. Building community capacity to support healthy child development is essential.

The elements of the framework are not identical to the four key areas for action outlined in the Early Childhood Development Accord, these being:

- promote healthy pregnancy, birth and infancy,
- improve parenting and family supports,
- strengthen early childhood development, learning and care, and
- strengthen community supports.

Many, but not all, of the initiatives related to promoting healthy pregnancy, birth and infancy fall under health and wellness awareness and risk prevention. Actions to improve parent and family supports pertain to parents of infants as well as toddlers and preschoolers. Strengthening early childhood development, care and learning is relevant across the age continuum. Community supports are viewed from two dimensions – support offered by the community to early childhood development and support offered to the community to enhance their capacity to provide community-based programs and services.

**Figure 1.** Early Childhood Development Framework



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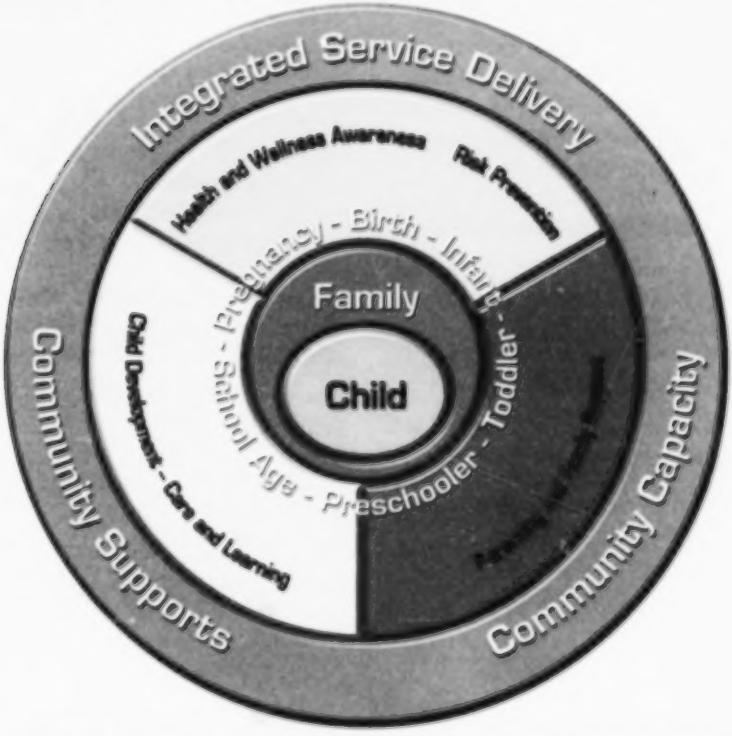


## Action Plans

Action plans have been developed for each key area:

- Health and Wellness Awareness and Risk Prevention
- Parent and Family Supports
- Child Development – Care and Learning
- Community Supports and Capacity Building

Each key area is presented in a graphic representation.

**Key to Graphic Presentation – Figures 2, 3, 4 and 5**

Health and Wellness Awareness and Risk Prevention

Parenting and Family Support

Child Development – Care and Learning

Community Supports and Community Building

The following describes each of the five sections in the key areas.

### 1. Programs and Services and Initiatives

These are programs and services and initiatives considered by HSS and ECE to be core or essential and which should be universal, that is, available and accessible to any child and family.

### 2. Screenings

Screening takes place initially at the prenatal stage to identify any social risk factors including maternal drinking that might influence the baby's health. Throughout the early childhood years, from birth to age six, there will be periodic universal screenings to monitor the healthy development of children. These screenings yield an indication that the child's development is progressing satisfactorily or that there may be a problem. Feedback from these screenings will be given to each family. For some families, information from the screening may result in them undertaking different activities with their child to enhance their development. Other families may be put in touch with additional programs and services which are targeted to assist the child and family in dealing with problems identified by the screenings. These could be direct services to the child or participation in programs and services for the family. Auditory screening, vision screening and dental screening will also be offered at regular intervals during a child's development. There will be a preschool screening prior to school entry at kindergarten or Grade 1. A standardized referral system will be developed to be used for referrals to assessment or therapeutic services.

### 3. Targeted Programs and Services

Parents and families will be encouraged to take advantage of these programs and services to address needs identified during screening: medical services, home visitation or other early childhood programs. Services may be delivered on an individual basis or be program-based.

### 4. Areas for Action

In order for the above programs, services and initiatives to be available to children and families, certain actions are required. Existing programs and services for children and families will be enhanced or new ones developed. Several require action to enhance the actual program or service or to improve its availability and accessibility for all children and families. Others known to be best practices in early childhood need to be developed.

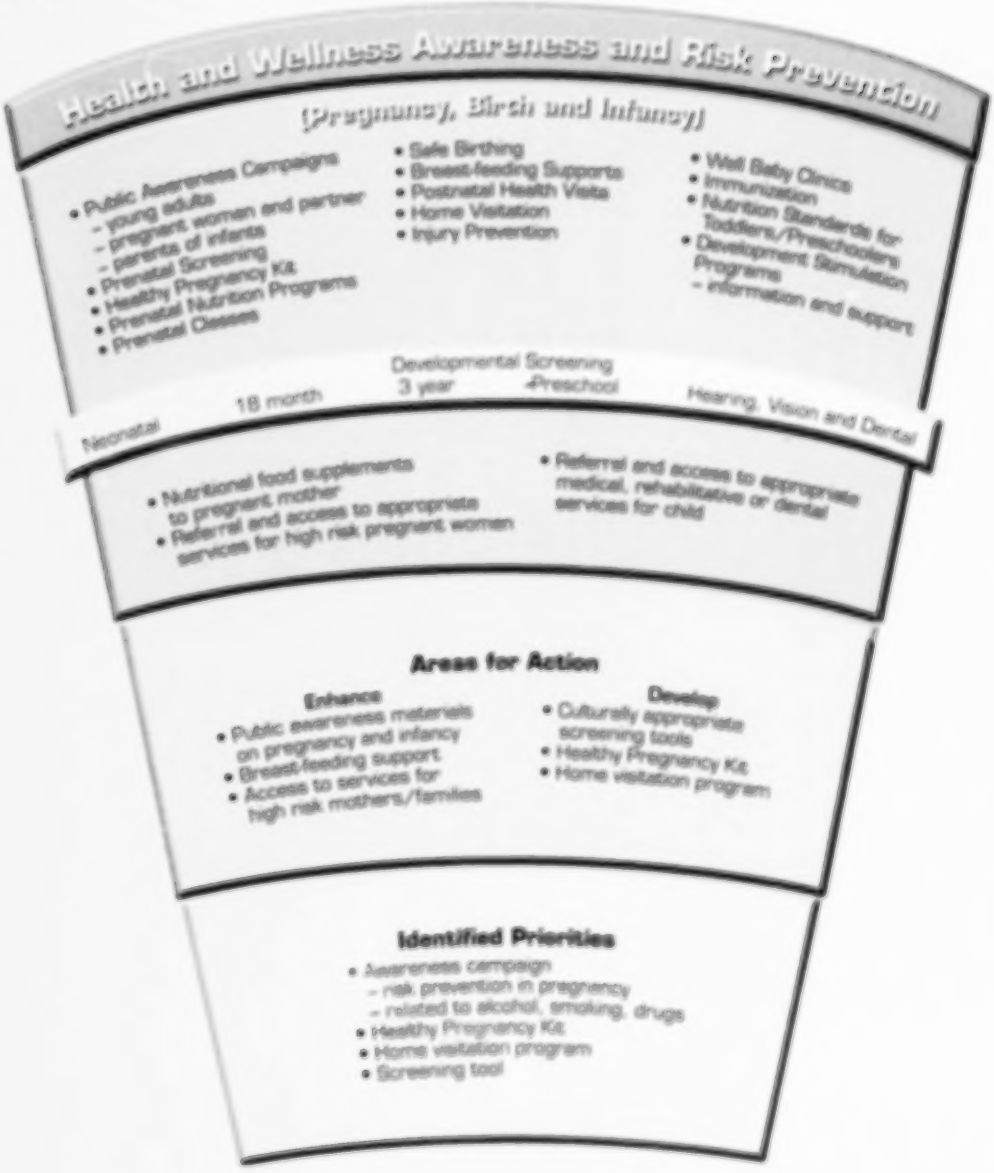
### 5. Identified Priorities

Several initiatives, programs and services have been identified by the two lead government departments, HSS and ECE as priorities for action. These will be supported by the additional investment in early childhood development forthcoming from the Federal and Territorial governments under the Early Childhood Development Accord. Specific work plans will be developed for these priorities.

### Key to Action Plan Tables

Each action plan table presents the overall goal for that key area. A number of objectives are presented and for each, actions are described, responsibility for the actions is designated, short-term performance measures are described and a timeline indicated. Individual actions are linked to other current departmental strategies or ongoing work.

**Figure 2.** Health and Wellness Awareness and Risk Prevention


Health and Wellness Awareness and Risk Prevention
(Pregnancy, Birth and Infancy)
• Public Awareness Campaigns
– young adults
– pregnant women and partner
– parents of infants
• Prenatal Screening
• Healthy Pregnancy Kit
• Prenatal Nutrition Programs
• Prenatal Classes
• Safe Birthing
• Breast-feeding Supports
• Postnatal Health Visits
• Home Visitation
• Injury Prevention
• Well Baby Clinics
• Immunization
• Nutrition Standards for Toddlers/Preschoolers
• Development Stimulation Programs
– information and support
Developmental Screening
Neonatal
18 month
3 year
Preschool
Hearing, Vision and Dental
• Nutritional food supplements to pregnant mother
• Referral and access to appropriate services for high risk pregnant women
• Referral and access to appropriate medical, rehabilitative or dental services for child
Areas for Action
Enhance
• Public awareness materials on pregnancy and infancy
• Breast-feeding support
• Access to services for high risk mothers/families
Develop
• Culturally appropriate screening tools
• Healthy Pregnancy Kit
• Home visitation program
Identified Priorities
• Awareness campaign
– risk prevention in pregnancy
– related to alcohol, smoking, drugs
• Healthy Pregnancy Kit
• Home visitation program
• Screening tool

## Health and Wellness Awareness and Risk Prevention

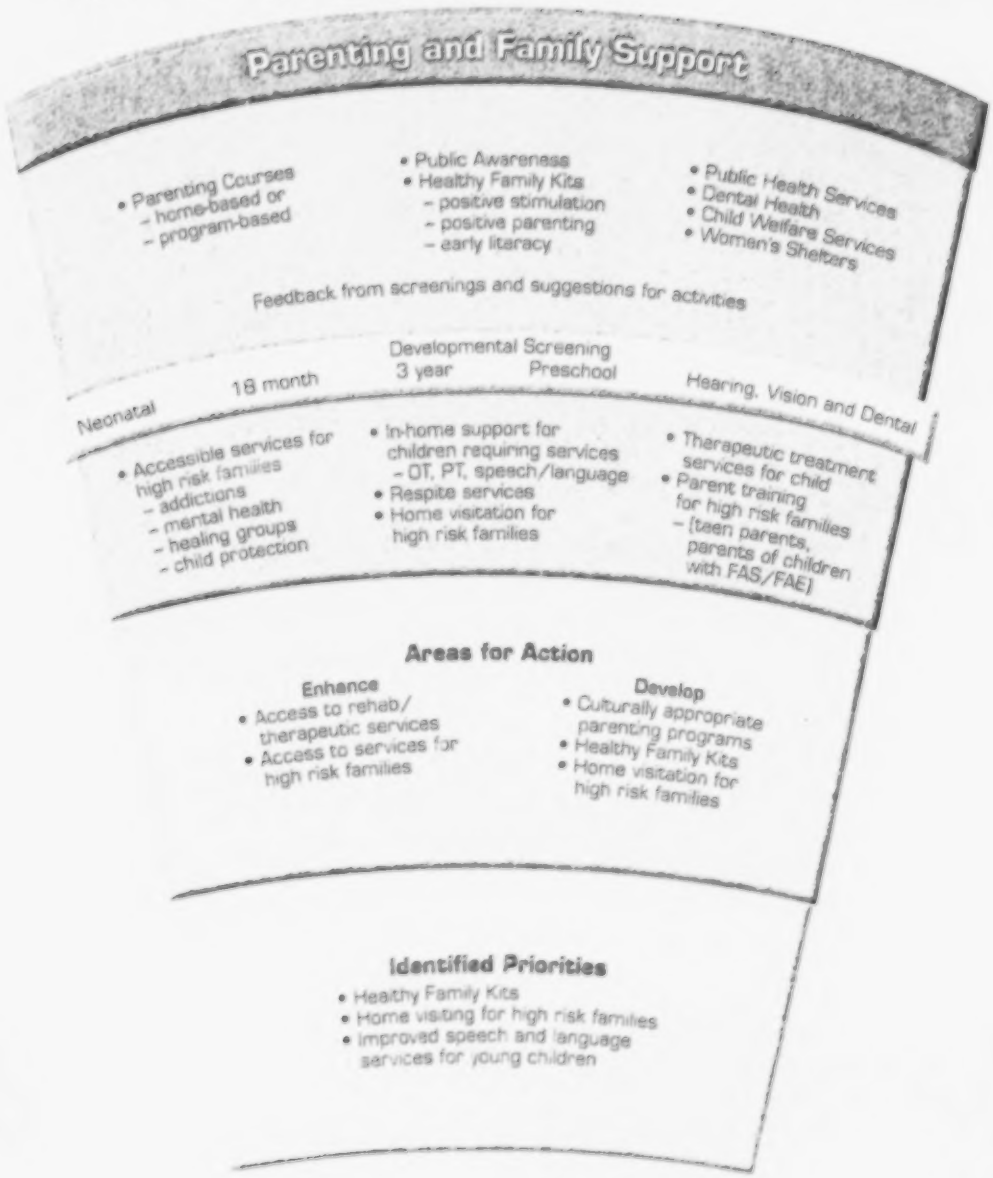
Goal: The expectant mother and partner are informed about health issues, cared for and supported to ensure a healthy delivery. Parents of newborns have information and services available to enhance their child's development.

Links to: Health Promotion Strategy, Addictions and Mental Health Strategy

| Objective | Actions | Links | New, Enhance or Existing |
|---|---|---|---|
| Pregnant women are well informed about health issues affecting the health of their unborn child. | Enhance the distribution of information through posters, pamphlets, public service announcements etc. to teens, young adults and pregnant women. Lifestyles choices related to alcohol, drugs and smoking will be targeted. The prevention of FAS/FAE will be a primary focus. | Health Promotion Strategy, HSS<br>Status of Women<br>Native Women's Association | Enhance |
| | Develop and distribute a Healthy Pregnancy Kit to all pregnant mothers through the health centres, public health and doctor's offices. This kit will contain information on prenatal nutrition and other health issues, breast feeding, and positive touch and stimulation. | HSS Health Promotion | New |
| Pregnant women are supported by husbands, partners, families, friends and communities. | Encourage and facilitate establishment of prenatal nutrition programs in all communities. | Health Canada Population and Public Health Branch<br>CPNP (First Nations & Inuit) | Enhance |
| | Ensure that prenatal screening for health and social risk factors is available for all pregnant women. | HSS Boards | New |
| Pregnant women, along with their partners, are provided with information on parenting and infant development. | Increase public awareness for parents and families about young children's health and safety issues including breast-feeding, nutrition, immunization, injury prevention, Sudden Infant Death, Shaken Baby Syndrome and others such as the importance of bonding and early stimulation. | Health Promotion Strategy<br>HSS | Enhance |

| | | | |
|---|---|---|---|
| *Pregnant women receive enhanced and appropriate prenatal care and safe birthing.* | Continue work on Maternal Health Binder for distribution to all health centres. | Health Promotion Strategy<br>HSS<br>Maternal Perinatal Committee | Existing |
| | Health care providers will give priority access to services required by pregnant mothers identified as "high risk" at prenatal screenings. | Addictions and Mental Health Strategy<br>HSS<br>HSS Boards | Existing |
| | Ensure prenatal care and safe birthing services are accessible to all pregnant mothers. | HSS Boards | Existing |
| *Parents of newborns are supported in their child care, nurturing and parenting.* | Enhance breast feeding supports through policy for hospitals and community supports once the new mother is home. | Health Promotion Strategy<br>HSS<br>NWT Baby Friendly Committee | Enhance |
| | Develop and implement a piloted home visitation program for all families that provides support to both the child and family. The visiting would be done by trained community residents as para-professionals and would be modeled after the Hawaii Healthy Start program. | HSS | New |
| *Parents and families have access to community-based health services including regular screening, early identification and referral services.* | Adapt and implement a developmental screening tool which is culturally appropriate and provides not only information to parents on their child's developmental status in several areas but suggestions for activities that could enhance their child's development. Development will build on the piloting of a screening tool in eight communities. | HSS, Health Promotion<br>ECE Early Childhood and School Services | New |
| | Implement regular screenings during a child's infancy and childhood including a preschool screening at age 5 or 6. Referral services for those families requiring additional services will be streamlined and improved. | HSS<br>HSS Boards<br>ECE Early Childhood and School Services | New |
| | Institute a system by which a Family Care Plan is put in place for a family whose child is identified as likely to have or with severe developmental delays or disabilities due to prenatal, birth or perinatal risk factors. | HSS<br>HSS Boards | Enhance |
| *Nutrition standards exist for all early childhood development programs.* | Review and revise existing nutrition guidelines for the toddler/preschool age group. | Health Promotion Strategy<br>HSS | Enhance |

**Figure 3.** Parenting and Family Support


Parenting and Family Support
• Parenting Courses
– home-based or
– program-based
• Public Awareness
• Healthy Family Kits
– positive stimulation
– positive parenting
– early literacy
• Public Health Services
• Dental Health
• Child Welfare Services
• Women's Shelters
Feedback from screenings and suggestions for activities
Developmental Screening
Neonatal
18 month
3 year
Preschool
Hearing, Vision and Dental
• Accessible services for high risk families
– addictions
– mental health
– healing groups
– child protection
• In-home support for children requiring services
– OT, PT, speech/language
• Respite services
• Home visitation for high risk families
• Therapeutic treatment services for child
• Parent training for high risk families
– (teen parents, parents of children with FAS/FAE)
Areas for Action
Enhance
• Access to rehab/ therapeutic services
• Access to services for high risk families
Develop
• Culturally appropriate parenting programs
• Healthy Family Kits
• Home visitation for high risk families
Identified Priorities
• Healthy Family Kits
• Home visiting for high risk families
• Improved speech and language services for young children

## Parenting and Family Support

Goal: Parents and families are provided with the required supports to enhance their children's development.

Links to: Health Promotion Strategy, Addictions and Mental Health Strategy, Review of Child Welfare Services, Community Counselling Strategy

| Objective | Actions | Links | New Enhance or Existing |
|---|---|---|---|
| Information on healthy child development is made available and shared with parents. | Develop public awareness materials which emphasize healthy child development. | Health Promotion Strategy<br>HSS | Enhance |
| | Develop Healthy Family Kits for various child development stages, infancy, toddlers, and preschoolers. | HSS and ECE | New |
| Families in all communities have access to core services for young children and parents in their own community or a nearby community. | Enhance public health, dental health and child welfare services and delivery systems such that they are accessible by all families with young children. | HSS<br>HSS Boards<br>Review of Child Welfare Services | Enhance |
| Parents become aware of parenting strategies that support healthy development of children. | Explore models and develop guidelines for appropriate and culturally relevant parent training programs. Select models such as Nobody's Perfect to endorse. | HSS and ECE | New |
| | Facilitate delivery of parenting programs in communities by building on existing programs such as Prenatal Nutrition, child care, preschool programs or Aboriginal Head Start. | HSS and ECE<br>Community programs | Enhance |
| | Ensure parenting strategies are a key component of home visitation programs. | HSS and ECE | New |
| | Develop specific parent training packages for targeted groups such as teen parents and parents of children with FAS/FAE. | HSS and ECE | New |

## Parenting and Family Support – continued

Goal: Parents and families are provided with the required supports to enhance their children's development.

Links to: Health Promotion Strategy, Addictions and Mental Health Strategy, Review of Child Welfare Services, Community Counselling Strategy

| Objective | Actions | Links | New, Enhance or Existing |
|---|---|---|---|
| Parents and families are supported in accessing therapeutic treatment services for their child. | Enhance access to, and delivery of, therapeutic services, OT, PT, Speech and Language to young children through early referral to these services. | HSS<br>Stanton Hospital<br>HSS Boards | Enhance |
| | Pilot targeted home visitation services which would provide in-home support to parents whose child requires OT, PT or Speech/Language services. | HSS | New |
| Families requiring support in their parenting have access to services designed to improve their health and strengthen their parenting. | Pilot targeted home visitation services for "high risk" families where parents are unable to or are not providing a safe and healthy environment for their child. | Review of Child Welfare Services<br>HSS | New |
| | Develop an efficient referral system and fast-track services such as addictions counselling, healing groups, mental health services required by "high risk" parents. | Addictions and Mental Health Strategy<br>Community Counselling Strategy | Enhance |
| Families with children who have intensive care needs have access to respite services. | Partner with agencies such as the NWT Council for Disabled Persons or Yellowknife Association for Community Living to explore possible models for respite care services. | HSS | New |
| Child care subsidies are available for qualifying parents. | Enhance child care subsidies as needed to meet demand. | ECE Early Childhood and School Services<br>Income Support | Enhance |

**Figure 4.** Child Development – Care and Learning

## Child Development – Care and Learning

- Public Awareness
  - socialization
  - early literacy
  - positive parenting
- Child Care Subsidy

- Early Childhood Programs
  - culture-based
  - inclusive
- Family Resource Centre
- Toy and Book Lending Programs

- Early Intervention Programs
  - home- and program-based
- Language and Literacy
- Development Programs
- Introduction/Transition to School

Developmental Screening

Neonatal | 18 month | 3 year | Preschool | Hearing, Vision and Dental

- Referral for assessment and services
- Accessible therapeutic services
- OT, PT, speech language
- Counselling

- Referral to appropriate program
- Program adaptation and supports for individual children in programs

### Areas for Action

**Enhance**

- Availability of quality child care
- Programs for aboriginal language learning
- Family literacy programs
- Early intervention services to centre-based programs
- Nutrition in early childhood programs

**Develop**

- Guidelines for Family Resource Centre model
- Language Nest programs
- Transition to school process

### Identified Priorities

- Family Resource Centre model
- Enhance quality child care programs
- Language Nest programs

## Child Development – Care and Learning

Goal: Quality early childhood development, care and learning experiences will be inclusive and available for all young children.

Links to: Health Promotion Strategy, Literacy Strategy, Strategy for Aboriginal Languages, Culture-based Education Strategy

| Objective | Actions | Links | New, Enhance or Existing |
|---|---|---|---|
| Quality child care programs will be available for parents requiring them. | Assist communities to develop or expand child care programs for children from infancy to pre-school according to their needs. | ECE Early Childhood and School Services<br>Regional Early Childhood Program Consultants/Officers | Enhance |
| | Enhance the quality of existing programs by focusing on staff development and training, wage enhancement, and program development. | ECE Early Childhood and School Services | Enhance |
| All children, parents, and families have access to community-based early childhood programs. | Provide guidelines for the development and implementation of a variety of early childhood programs for children and parents using successful programs in the NWT and other jurisdictions as models. These would be one of the programs offered in an integrated service delivery model.<br>Parent and Child Drop-In<br>Toy/Book Lending Library<br>Preschool program (ages 3-5) | ECE Early Childhood and School Services<br>HSS Health Promotion | Enhance |
| | Develop parent/child stimulation programs to encourage the development of all skills but particularly language skills in children ages 1-3. | HSS and ECE | New |

| | | | |
|---|---|---|---|
| Literacy levels are increased through family literacy programs. | Provide guidelines for the implementation of recommended family literacy programs. | Literacy Strategy<br>ECE<br>NWT Literacy Council | New |
| Aboriginal language revitalization is supported by opportunities for young children to learn their language. | Promote, provide guidelines and support for the development of "Language Nest" programs in communities. These could be integrated with a child care or nursery/preschool program model. | Aboriginal Language Strategy<br>Literacy Strategy<br>ECE Early Childhood and School Services | New |
| Early childhood programs are inclusive and support the needs of all children. | Develop early intervention services which support the identified needs of children who require extra assistance and support to participate in early childhood programs. | ECE Early Childhood and School Services<br>Regional Early Childhood Consultants/Officers | New |
| All children and families participate in a transition to school process when their child enters school. | Develop and implement an enhanced preschool screening program which uses an expanded version of the new developmental screening tool and involves parents and early childhood program personnel as well as health personnel in its implementation. | HSS<br>ECE Early Childhood and School Services<br>Early Childhood Programs<br>DECs/DEAs | New |
| | All schools will be encouraged to develop a transition to school process which involves exchange of information from preschool screening and any early childhood program attended and an introduction to school visit(s) for child and family. | ECE Early Childhood and School Services<br>DECs/DEAs | Enhance |

**Figure 5.** Community Supports and Community Building

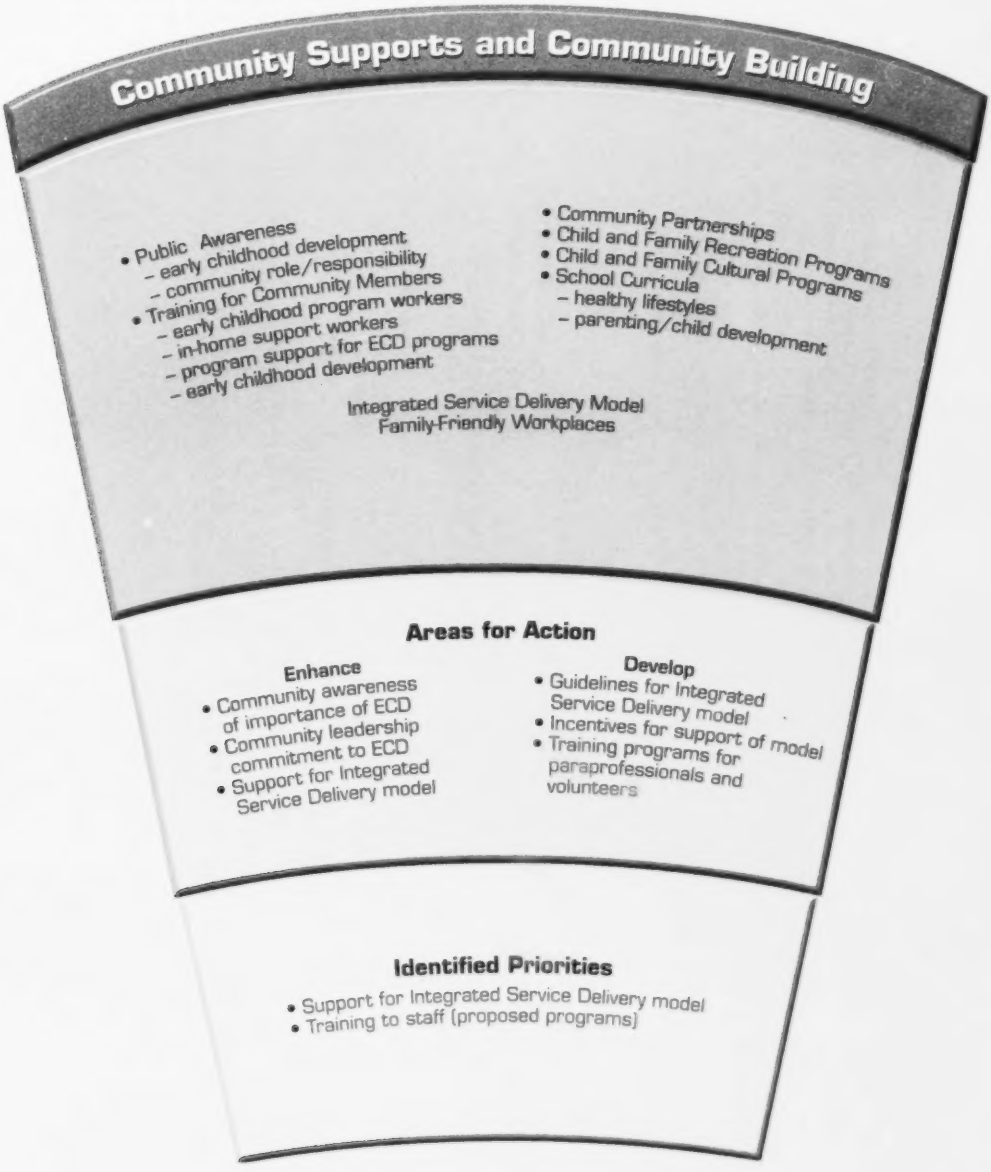
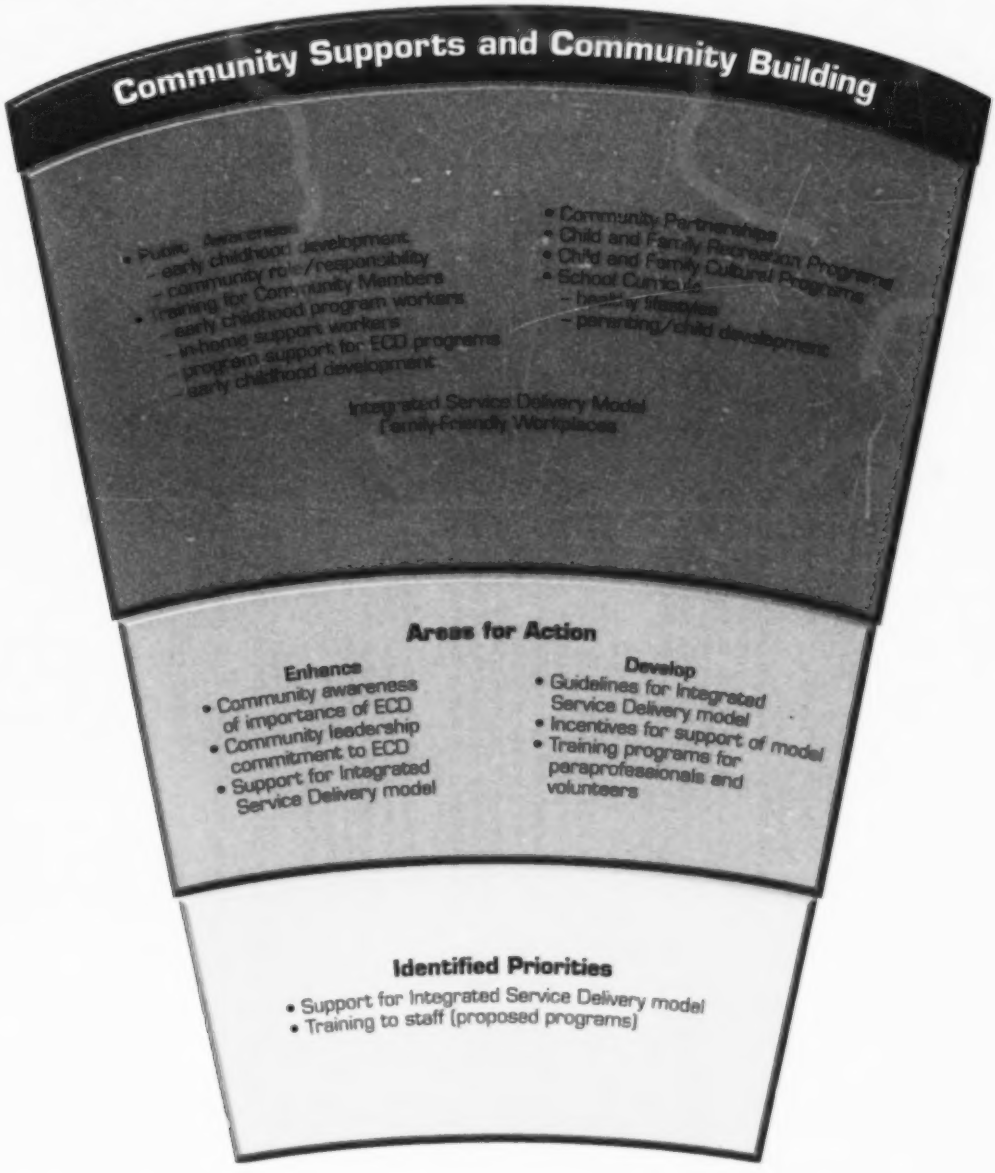

Community Supports and Community Building
• Public Awareness
– early childhood development
– community role/responsibility
• Training for Community Members
– early childhood program workers
– in-home support workers
– program support for ECD programs
– early childhood development
• Community Partnerships
• Child and Family Recreation Programs
• Child and Family Cultural Programs
• School Curricula
– healthy lifestyles
– parenting/child development
Integrated Service Delivery Model
Family-Friendly Workplaces
Areas for Action
Enhance
• Community awareness of importance of ECD
• Community leadership commitment to ECD
• Support for Integrated Service Delivery model
Develop
• Guidelines for Integrated Service Delivery model
• Incentives for support of model
• Training programs for paraprofessionals and volunteers
Identified Priorities
• Support for Integrated Service Delivery model
• Training to staff (proposed programs)

**Figure 5.** Community Supports and Community Building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## Community Supports and Capacity Building

Goal: Communities understand and are supported to fulfill their role in ensuring a safe, respectful and healthy environment for children and families.

Links to: Health Promotion Strategy, Career Development Strategy, Senior Secondary School Strategy

| Objective | Actions | Links | New, Enhance or Existing |
|---|---|---|---|
| Communities work in partnership with parents, families and elders towards a well community that makes early childhood development a priority. | Provide information and consult with community and aboriginal leaders to encourage them to emphasize early childhood development in their community wellness strategy and activities. | HSS and ECE | Enhance |
| Communities are supported to promote their languages, culture and traditional knowledge. | Assist communities to choose early childhood program models which will best reflect and promote their language and culture. | ECE | New |
| | Assist communities to provide cultural programs appropriate for participation by families with young children. | ECE | New |
| Communities are working towards integrated service delivery. | Provide information to communities on a process to move toward integrated services delivery. | ECE and HSS | New |
| | Make regional and territorial staff available to work with communities who wish to move to integrated programs and services. | | New |
| | Provide incentives to community committees, partnerships or coalitions such as seed money to develop or implement an integrated service delivery model. | | New |

## Community Supports and Capacity Building – continued

Goal: Communities understand and are supported to fulfill their role in ensuring a safe, respectful and healthy environment for children and families.

Links to: Health Promotion Strategy, Career Development Strategy, Senior Secondary School Strategy

| Objective | Actions | Links | New, Enhance or Existing |
|---|---|---|---|
| Community capacity is increased to assist families through early childhood programs and services. | Design training programs for paraprofessionals and volunteers to support the proposed programs such as home visitation and early intervention supports. | Aurora College<br>HSS and ECE | New |
| | Support community professionals to provide layperson recruitment and training in communities. | HSS and ECE | New |
| | Enhance the training and staff development of early childhood educators. | Aurora College<br>ECE | Enhance |
| | Provide more training opportunities for community health representatives and social workers in prevention and early intervention strategies. | HSS | Enhance |
| | Work with Aurora College to realign training programs for professionals and paraprofessionals who work with young children and families such that all take generic courses in child development and then specialized courses for their particular discipline. | ECE and HSS | New |
| All children and families have the opportunity to participate in recreation which promotes active living. | Partner with other government departments and community recreation leaders to promote and/or develop a variety of recreation activities appropriate for families with young children. | Health Promotion Strategy<br>HSS<br>ECE Early Childhood and School Services<br>Municipal and Community Affairs | Enhance |
| All young people in the community have received education about healthy lifestyles, parenting and child development. | Ensure that all schools have curricula and resources to offer courses in healthy lifestyles, parenting and child development. | ECE Early Childhood and School Services<br>DECs/DEAs | Enhance |
| All workplaces in the community are "family friendly". | Develop information packages and presentations to educate employers in communities about the advantages of providing "family friendly" workplaces. | ECE and HSS | New |

## Monitoring and Accountability

There must be monitoring and accountability at several levels and throughout the development and implementation process of the programs, services and initiatives in this Early Childhood Development Action Plan

Monitoring of individual children's health will be assisted by the Child Health Record. Parents need to be well informed about their use of this record and encouraged to keep it up-to-date.

A data collection system needs to be designed to track the programs and services accessed by individual children and families. Such a system is currently being developed for children in care. A child registry for children aged 0 to 6 has been suggested but its implications need to be explored fully.

A system must to be designed to collect baseline data on new programs. Several programs now in place are required by their funding programs to monitor progress, e.g. CPNP, AHS, CAPC, and HCI. Licensed early childhood programs are subject to periodic inspections, at least annually, to measure compliance with guidelines and standards. Services of the Health and Social Services department offered through Health and Social Services Boards are monitored by that department. It is desirable to have a more uniform system to monitor the various parameters of programs and services under this Action Plan.

The impact of the programs, services and initiatives developed and implemented under the Action Plan will be measured by short-term performance measures and long-term outcome measures.

Several short-term performance measures are suggested above in the action plans for the four key areas.

Long-term outcome measure examples are suggested below:

- decrease in number of women who report smoking or drinking during pregnancy,
- decrease in the number of children with developmental delays,
- increase in the number of women who breast-feed after six months,
- decrease in the number of teen pregnancies,
- increase in parents reporting more confidence in their parenting skills,
- decrease in incidence of child abuse,
- increase in number of children between 0-6 who are read to at least three times a week,
- increase in children who transition to school with well-developed physical, emotional, social, language and cognitive skills,
- increase in family literacy levels,
- increase in the number of children speaking an aboriginal language at school entry,
- increase in parental involvement in children's schooling, and
- decrease in number of children requiring additional supports/services in school.

Improvement in such measures usually represents the outcome of a coordinated system of programs and services rather than a single one. Therefore, such measures would be presented as overall measures used to track improvement in the well-being of children and families.

These outcome measures and others which may be suggested need to be examined thoroughly to determine whether they are available in a timely and reliable fashion from an existing source such as a national or territorial survey. The feasibility of collecting data required for other measures not currently available needs to be determined.

An overall Evaluation Framework needs to be designed to accompany the Early Childhood Development Action Plan. Such a framework would outline the short-term performance measures and long-term outcome measures selected and the data collection methods to be employed. It would also outline the responsibilities and timelines for data collection, collation, analysis and reporting.

## Implications for Implementation

The Early Childhood Development Action Plan for the NWT is designed to put in place or continue programs, services and initiatives delivered in an integrated and collaborative delivery model. The goal of these programs and services is to support the optimal development of children and provide support to parents and families in their care, nurture and early education of their children.

The current situation, as described, indicated a patchwork of programs and services partially dependent on a community's ability to access funds from a number of federal and territorial programs. Current programs and services for young children and their families provided by HSS and ECE vary in their availability, accessibility and quality depending on staff shortages and staff qualifications and training.

The actions proposed in the plan are designed to build on existing programs and services. They are designed to enhance or develop a number of programs, services and initiatives considered by HSS and ECE to be essential programs and services that, ideally, should be available, accessible and affordable for all families. Best-practice research indicates that all of the new programs and services proposed can be effective in reducing the number of children placed at risk in their development and therefore requiring more intensive intervention and support services later in their childhood or adult life.

When developing new programs, services and initiatives, it will be essential to examine and document what exists and is producing encouraging outcomes. These successful existing programs need to be married with what best-practice research and evaluation suggests should ideally exist to form an improved program or service. This may mean expansion, modification or redesign. The integrated service delivery model or "one-stop-shop" is one that many jurisdictions are proposing to integrate various programs and services.

Once the products are produced, the programs are designed or confirmed, and the services required are defined, the challenge is to implement all of these in such an integrated service delivery model in most communities.

Roles and responsibilities for implementation need to be clearly defined at a territorial level. Interdepartmental discussion needs to take place to define the management of the implementation of the Early Childhood Development Action Plan. A Joint HSS and ECE Committee should make decisions about areas of responsibility for implementing the actions outlined in the four key areas. Some actions will clearly fit departmental mandates, but several may not. Specific staff responsibilities need to be outlined for each of the proposed actions. Decisions as to funding for the proposed initiatives need to be made jointly. Efforts must continue to coordinate and integrate federal and territorial funding programs so that integrated service delivery is facilitated.

Ideally, the focus for program and service delivery is at the community level. Communities may be at different stages of readiness to offer programs and services whose focus is early childhood development. A community needs to determine that such programs and services are needed and are a priority. For an integrated service delivery model to operate successfully, it is necessary to form a community partnership, coalition or inter-agency committee. In small communities, there could be one such entity. Larger communities will likely require more than one. Possible partners in such a committee or coalition include representatives of parents and families, aboriginal organizations, child care providers, schools, health care and social service providers, non-governmental organizations, businesses, and RCMP. Communities are responsible for deciding what priority is placed on early childhood development, what programs and services would best meet the needs of their children and families, and how they see those programs and services being delivered. They need to complete an assessment within the community of existing programs and services and their use to determine on what foundation they can build.

In order to work effectively with communities to implement an integrated service delivery model, the responsibilities of regional and territorial staff of HSS and ECE may need to be realigned or new staff employed to act as facilitators for the community's development of a family resource centre or other integrated model.

Early childhood development program staff develop resources and program/ service models, assist in their implementation and coordination of programs and service delivery. These staff need to be encouraged and supported to use a community development approach and work, whenever possible, on site with community level partnerships/ committees/coalitions. Working together to examine the resources available, program and service options, new program development and planning for integrated service delivery will demonstrate a collaborative approach.

Aboriginal, band and town or city council leaders need to be active in promoting and supporting, both verbally and by their actions, the value they place on early childhood development.

Government leadership will be key in promoting the importance of healthy early childhood development, lobbying for its priority and for financial resources and supporting the initiatives, programs and services designed to assist children and families.

Products such as comprehensive public awareness information need wide distribution. Partnerships with businesses and organizations could assist in distribution.

The proposed Healthy Pregnancy and Healthy Family Kits will also require wide distribution and some orientation and training for health or other staff responsible for their distribution.

Several of the proposed programs such as home visitation, for all parents or for targeted groups, will require a training program for community residents who will be the paraprofessionals delivering the program. All enhancements of child

care or other models of early child development programs will require community-based trained staff. The training opportunities for early childhood educators and assistants need to be expanded. Recommended parenting programs will require trained individuals to deliver the programs.

Regular developmental screenings as proposed will likely be delivered by staff in the health centres and public health clinics. Current staff shortages, unless rectified, will mean that this initiative will be less than successful.

Any expansion of diagnostic, assessment and therapeutic services to make them more available and accessible to all families will require more doctors, psychologists, occupational therapists and physiotherapists, speech and language therapists, social workers and counsellors.

It is clear that implementation will have to be phased in and many of the programs will need to be piloted in a few locations prior to widespread implementation. Criteria need to be established, and a system needs to be in place, to determine which communities will pilot the program and service delivery model.

Investment over the short-term is clearly welcomed by all with a stake in early childhood development, but it is clear that if child development in the NWT is to be enhanced by actions proposed in this Action Plan, there is a need for long-term sustained investment over the next decade and beyond.

## Next Steps

The establishment of an early childhood framework respects the fact that our system of supports for children has expanded over the last decade. Parents and their children, in many communities, can now access many programs and services that were not available in the past. However, we also now know that the early years of a child's life are especially critical to their future development. As a result, we need to ensure that all northern children have equitable access to needed developmental opportunities.

This Framework represents only the first step. It outlines some very important actions that will be taken to provide additional supports. However, there are still other actions that must occur if we are to provide children with the best advantages. For example, the federal government currently provides significant funding to communities to support early learning opportunities. We must encourage communities and organizations that control these monies to work cooperatively with us to create a seamless system for children. As well, it is critical to change how we as GNWT departments 'do business'. We are committed to the coordination of services through an integrated services delivery model. The Departments of Health and Social Services and Education, Culture and Employment will continue to work together at territorial, regional and community levels.

The goal must remain – children are our future – let's provide them with every opportunity to succeed.

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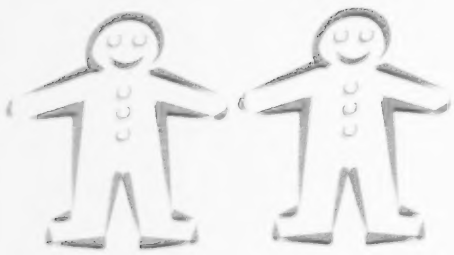

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## Definitions

### Aboriginal Head Start

A federal funding program designed to support the development and implementation of community-driven, culturally appropriate programming designed to support healthy child development and school readiness.

### Brighter Futures/Building Healthy Communities

A federal funding program supports – community projects designed to improve the physical, mental and social well-being of aboriginal children, their families and community. Projects must have community support and reflect one or more of the following program elements:

- Community Mental Health Program
- Child Development Program*
- Solvent Abuse
- Injury Prevention
- Healthy Babies *
- Parenting Skills*

Community organizations access funds by proposal, and funding decisions are made by local Band Councils, Community Corporations or Health and Social Services Boards.

** Projects reflecting these program elements are those most relevant to the ECD Action Plan*

### Breast-feeding Supports

A range of initiatives from public awareness, education, mentoring, hospital and health centre policies and peer support that promote breast-feeding as a healthy choice and encourage new mothers to breast-feed their babies over an extended period of months.

### Canada Prenatal Nutrition Program (CPNP)

A federal funding program targeting women who are at risk of having unhealthy babies due to poor health and malnutrition of the mother. The goal of funded programs/projects is to provide pregnant women with food supplements, nutrition counselling, support, education and referral. Counselling around lifestyle choices such as addictions, stress and family violence is available.

Community organizations access funds by proposal, and funding decisions are made by local Band Councils, Community Corporations or Health and Social Services Boards for First Nation and Inuit funds, and directly by Health Canada Population and Public Health Branch, Alberta/NWT for others.

### Community Action Program for Children (CAPC)

Assists community groups to address the health, educational and developmental needs of children at risk, aged birth to six years, while strengthening and supporting their families.

### Community Kitchen

A concept used in prenatal nutrition programs and/or as part of a family resource centre or parent/child centre. Pregnant women or young mothers come together to learn about nutrition, food

budgeting, and cooking healthy meals. In some programs the foods prepared are used in breakfast or lunch programs for the participants and their children.

### Core Services

This term is used in two senses. 1) refers to services in place under HSS and ECE which are funded by GNWT contribution. 2) refers to programs, services and initiatives under this ECD Action Plan which are viewed as essential to optimal early childhood development and should be universally available to all young children and their families and communities.

### Family-friendly Workplace

A workplace which has adopted policies that tend to support and facilitate family life rather than put added pressures on parents. Such considerations as flexible working hours, easily available relief for attending to family emergencies, and child care in the workplace are examples.

### Family Literacy

Family literacy is defined as all the ways parents, children and extended family members develop and use literacy skills to accomplish day-to-day tasks and activities, at home and in their community. It includes making drawings to share ideas, writing messages, keeping records, making lists, reading and following directions, or sharing stories and ideas through conversation, reading and writing. The purpose of Family Literacy programs is to encourage families to interact with their children from a very early age in ways that will promote their literacy. These include singing and playing games, telling and reading stories, asking and answering questions, drawing pictures, and connecting language to the child's world.

### Health Promotion

Health Promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment. Health is seen as a resource for everyday living, not the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being. (Ottawa Charter of Health Promotion, 1986)

Health Promotion is a comprehensive, long-term, proactive process that acts on affecting identified population health concerns.

### Healthy Children Initiative

The Healthy Children Initiative provides communities with a way to enhance and develop a wide range of early childhood programs and services. Programs must follow the Initiative's principles. They must:

- be culture-based,
- build on the existing strengths of the child, parent(s), family and community,

- acknowledge that families are the primary teachers and caregivers,
- provide a full range of support to families,
- draw together agencies to support families,
- be evaluated and continually improve services, and
- have the support of the community.

### Home Visitation

Community residents trained as paraprofessionals or volunteers reach out to parents by going into their homes, usually shortly after the birth of a child. They visit on a regular basis, weekly or every two or three weeks, to provide information, resources and support to the parents. These visits often help parents build their parenting skills and link parents with other programs and services they might need or wish for their child or themselves. One such program known as Hawaii Healthy Start has been documented as reducing the incidence of abuse and neglect of infants.

### Language Nest

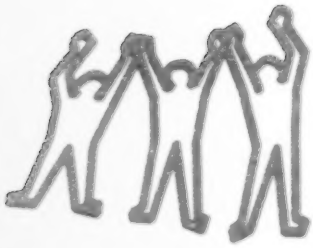
Language Nest is a term used to describe a specific type of early childhood program. The model was developed in New Zealand to revitalize the Maori language. Older adults, fluent in their language care for young children in preschool settings and immerse them in their language. All activities use the indigenous language. Parents may learn the language alongside their children.

### Population Health

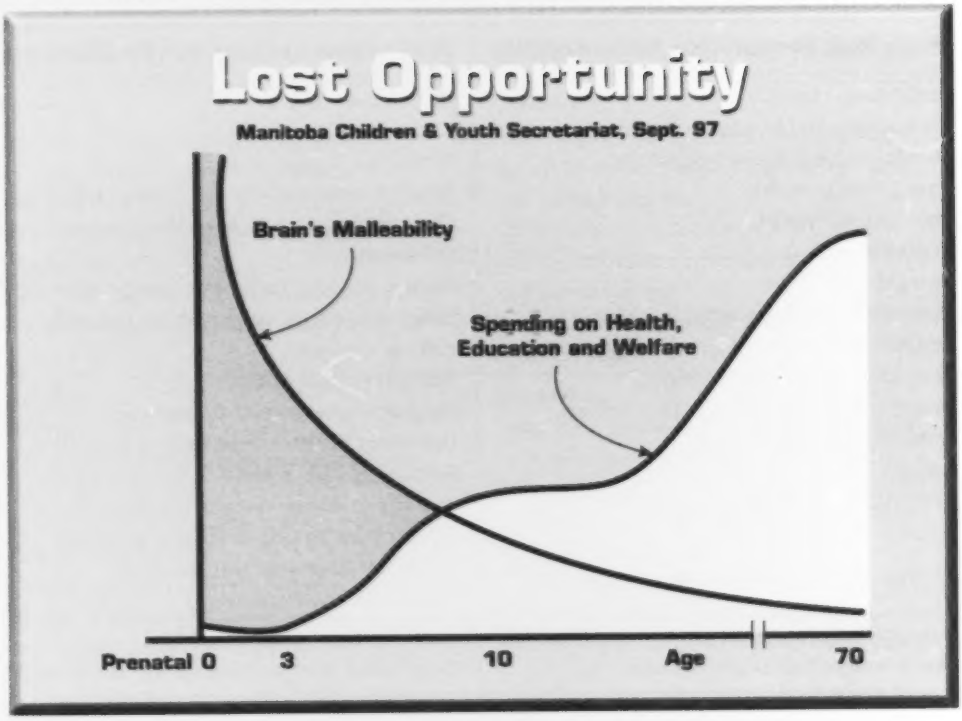
Population Health is a broad approach, a big picture that considers all the determinants of health and therefore the health of the population as a whole.

### "Silo" Approach

This is a term used to describe the way program and service delivery has traditionally operated. It is also referred to as the "stovepipe" approach. Programs and services of one type, social services for example, operate and are delivered and managed in a linear, bureaucratic top to bottom structure. The same type of structures exist to deliver and manage health, education, recreation, housing, etc. These systems all operate in parallel "silos" or "stovepipes" and have very little to do with each other even though they may be serving the same individuals or families. The opposite of this is an integrated or collaborative services model or a community partnership model which places the recipient of the services at the centre and involves the sharing and collaboration among all stakeholders involved with that individual or family.



## Appendix 1
## Lost Opportunity



## Appendix 2
## Risk and Resiliency Factors

| High Risk Factors for Vulnerability | Protective Factors for Resilience |
|---|---|
| **Individual – the Child:**<br>Prematurity and low birth weight<br>Sexual/physical abuse/neglect<br>Poor physical health<br>Poor mental health<br>Special needs<br>FAS/FAE<br>Children living in poverty<br>Behavioural problems<br>Poor anger management skills<br>Involvement with child welfare systems<br>Difficult temperament<br>Gender<br>Poor social status/unpopular at school | **Individual – the Child:**<br>Good genetics<br>Breast-fed<br>Secure attachment with caregiver as infant<br>Close friendships with peers throughout childhood<br>Positive pro-social behaviour/interpersonal skills<br>Effective problem solving skills/personal coping strategies<br>Self-esteem/self-efficacy<br>Helpfulness/responsibility early on<br>Optimism positive expectations for future<br>Detaching from conflict within the home<br>Average to above average intelligence<br>Participation in extracurricular activities<br>Positive relationship with an adult<br>Positive school experiences |
| **Parental and Family:**<br>Single mothers with low income<br>Teen parenthood<br>Poverty<br>Maternal drug and alcohol abuse<br>Maternal depression<br>Lack of quantity and quality time with child<br>Large family size – children born in rapid succession<br>Acute stressors/crisis (health/employment/social)<br>Parent's own abuse and neglect as a child<br>Unsupportive, abusive spouse<br>Anger management issues<br>Poor parenting practices<br>Failure to provide basic care/necessities<br>Low personal functioning/coping skills of parent | **Parental and Family:**<br>Detachment from troubled background as adults<br>Supportive non-abusive spouse/positive marriage<br>Both parents (father) involvement in childcare<br>Consistent quality parenting<br>Caregiver expectation of positive future for child<br>Positive parent-child attachment/interactions<br>Family coping/hardiness<br>Positive perceptions of mother<br>Maternal employment<br>Maternal education<br>Level of income<br>Extrafamilial support for the mother<br>Community and church activity involvement |

| High Risk Factors for Vulnerability | Protective Factors for Resilience |
|---|---|
| **Community:**<br>Impoverishment (overall employment levels, % of single parent families, poor housing, population loss)<br>Poor connection with community – social isolation<br>Lack of accessibility to a continuum of services<br>Lack of accessible, affordable quality child care | **Community:**<br>Appropriate housing near other services<br>Access to resources, professional services and social supports<br>Caring school environments<br>Positive cohesive communities<br>High employment<br>Recreational facilities and programs for children/youth |
| **Societal:**<br>Poverty<br>Unemployment or unstable work conditions<br>In and out-migration<br>Social tolerance of violence and physical punishment<br>Extremes in family privacy beliefs<br>Devaluing role of child care providers<br>Traditional gender roles | **Societal:**<br>Supportive social policies (universal health care, education, child care, prenatal and postnatal supports, housing benefits, child allowances, job sharing, parental leaves)<br>Strong social values<br>Greater social awareness of maltreatment<br>Low social tolerance of violence<br>High awareness of determinants of well-being |

Sources: *National Longitudinal Study on Children and Youth* 1996 data + Applied Research Bulletin, HRDC, Spring, 2000; *Promoting Family Wellness and Preventing Child Maltreatment: Fundamentals for Thinking and Action*/ HRDC + P/T Child Welfare Directors, 1999; *Saskatchewan Action Plan for Children*, 1997.

# Appendix 3
# Strategic Directions

## Community Wellness, Working Together for Community Wellness, GNWT Joint Working Group 1995

Objectives:

- focus on prevention, healing and treatment, education and training, inter-agency collaboration, community empowerment,
- to have early childhood programs that are culturally relevant,
- to encourage planning among government departments, communities and non-governmental organizations which would assist to develop integrated services for children and youth, and
- have one priority of the Community Action Fund identified as early intervention for children and families.

## Shaping Our Future, A Strategic Plan for Health and Wellness, Health and Social Services, 1998

Vision Statement:

- Our children will be born healthy and raised in a safe family and community environment which supports them in leading long, productive and happy lives.

Strategic Directions:

- improve the continuum of programs and services by removing gaps and duplication, increasing integration and improving coordination of services,
- support greater emphasis on promotion and prevention through policies that balance treatment services with promotion and prevention services,
- prevent illness and disease in infants and children through greater emphasis on health promotion, disease prevention and early intervention programs,
- help children reach their full potential through effective childhood development programs, and
- ensure that infants and children are raised in stable, caring environments by improving early intervention and child protection programs.

## Health Promotion Strategy, Health and Social Services, 1998

Purpose:

- The purpose of the strategy is to improve the health status of Northerners by reducing preventable illness and disease.

Theme:

- Healthy Choices: Healthy Children
  - Commitment to resource and program support for children's health. Healthy child development is rooted in early life experiences.

Health Promotion Priorities:

- healthy pregnancies,
- active living, and
- tobacco harm reduction and cessation.

## Healthy Children Initiative, Education, Culture and Employment and Health and Social Services, 1997

Vision Statement:

- Healthy children born to healthy parents, growing up in strong and supporting families and caring communities.

Goals:

- Healthy young people prepared for parenthood.
- Healthy babies born to healthy and knowledgeable parents.
- Strong and healthy parents and families helping their children to develop to their full potential.
- Communities which value young children and their families, support the healthy development of children and assist them to meet their full potential.

## People: Our Focus for the Future, A Strategy to 2010, Education, Culture and Employment 1994.

Strategic Objective:
Building a comprehensive early childhood learning system.

- integration of child care, early childhood education and parenting programs,
- provide culturally appropriate child development information/promote culture-based programs,
- support training and ongoing development of staff,
- promote parental involvement,
- provide parent resource material and develop and deliver parenting programs,
- work with other departments to develop a protocol, needs assessment and plan for early intervention, and
- strengthen links with the school system to smooth the transition between early childhood learning and school as part of a community learning network concept.

## Minister's Forum on Education, Final Report, Education, Culture and Employment, 1999

Recommendations:

- multi-year funding agreements that support and sustain early childhood development programs,
- secured agreement between federal and territorial governments to cooperatively support programs in all interested communities,
- commitment of programs to parental involvement as a condition of funding eligibility, and
- research the benefits of early diagnosis and intervention in partnership with other departments. Examine the most appropriate resources and practices and act to ensure students have sufficient support services when entering early childhood and school programs.

### People: Our Focus for the Future – A Strategic Plan Update 2000-2005, Education, Culture and Employment, 2000

Priorities:

- parental involvement will be promoted,
- community partnerships will be encouraged,
- resources will be directed to children with identified needs,
- funding arrangements will be strengthened, and
- programs will be strengthened based on best practices.

### From Education, Culture and Employment, 2001-2004 Business Plan

Goal:

- A comprehensive early childhood system that leads to better beginnings for our children with emphasis on parental awareness of strategies that support the healthy development of their children, communities' development of early childhood programs and licensed early childhood care program spaces.

# Appendix 4
# Licensed Early Childhood Program Statistics

(As of May 2001)

## Number of Licensed Early Childhood Programs

| Region | Child Care | Nursery School | After School | Family Day Home | Total |
|---|---|---|---|---|---|
| Inuvik | 5 | 9 | 1 | 0 | 15 |
| North Slave | 10 | 5 | 5 | 22 | 42 |
| Fort Smith | 7 | 7 | 0 | 2 | 16 |
| TOTAL | 22 | 21 | 6 | 24 | 73 |

## Number of Licensed Early Childhood Spaces

| Region | Child Care | Nursery School | After School | Family Day Home | Total |
|---|---|---|---|---|---|
| Inuvik | 15 infant<br>92 pres. | 183 | 10 | 0 | 300 |
| North Slave | 24 infant<br>225 pres. | 117 | 106 | 170 | 642 |
| Fort Smith | 2 infants<br>138 pres. | 120 | 0 | 16 | 276 |
| TOTAL | 41 infant<br>455 pres. | 420 | 116 | 186 | 1218 |

** Standard spaces in a licensed Family Day Homes (FDH) are two infant, four preschool and two afterschool.*

## Appendix 5
## An Overview of NWT Funding

# Community Wellness Programs By Community and Region - December 2000

## Appendix 5
## An Overview of NWT Funding